

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045677

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356

Primary Registration District No. 6209

Registrar's No. 114

STATE FILE NUMBER

FILED DEC 11 1962

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piney Twp.		c. CITY OR TOWN Roubidoux Twp.	
Length of stay in 1b instant		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-way 17 W. Houston		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SHIRLEY JEAN SKIDMORE		4. DATE OF DEATH Month Day Year Dec. 1, 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1937
9. AGE (last birthday) 25		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Murel Gullett		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Frankie Roy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address Jap Mace, Plato, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest & severe head injuries, also multiple fracture & lacerations. DUE TO (b) [redacted] DUE TO (c) [redacted] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH (minutes)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or item 18) car, victim was riding in, collided	
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 12-1-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 17		20f. CITY, TOWN, OR LOCATION Piney Twp. COUNTY Texas STATE Mo.
21. I viewed the deceased on 12-1-62 and last saw her alive on [redacted] Death occurred at approx. 9:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James Rentry, Coroner		22b. ADDRESS Cabool, Mo.	
22c. DATE SIGNED 12-4-62		22d. DATE RECD. BY LOCAL REG. 12-4-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-62	
23c. NAME OF CEMETERY OR CREMATORY Palace Cemetery		23d. LOCATION (City, town, or county) Palace, Missouri	
24. FUNERAL DIRECTOR Elliott-Duff, Houston, Missouri		25. REGISTRAR'S SIGNATURE Myrtie Craig	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 12 1962

AUG 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fred W. Barnes

Licensed Embalmer No. *4614*

P. O. Address

Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.